UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2002

Estimated average burden hours per response...1

SEC USE ONLY								
Prefix		Serial						
DAT	E RECE	IVED						

Name of Offering (check if this is an a PLUTO VENTURE CAPITA		s changed, and i	ndicate change.)	119	15655	
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] <u>Rule 506</u>	[] Section 4(6)	[]ULOE	
Type of Filing: [X] New Filing [] A	mendment				Marcar (Marcar)	-1150 60
	A. E	BASIC IDENTIFI	CATION DATA		165/ 3201	-11-2-
Enter the information requested ab	out the issuer				C JUN 0	\$ 2002
Name of Issuer (check if this is an am PLUTO VENTURE CAPITA		changed, and inc	diciate change.)		Masil Co.	65 /
Address of Executive Offices (N	umber and Street, City, S	tate, Zip Code)	Telepho	ne Number (Includi	ing Area Code)	7
Pierson House, 18/20 Nort	n Quay, Douglas, I	M99 1NR, I	sle of Man	0	11-44-1624-67941	5
Address of Principal Business Opera (if different from Executive Offices)	tions (Number and Stree	et, City, State, Zi	p Code) Telep	none Number (Inclu	uding Area Code)	
	tions (Number and Stree	et, City, State, Zi	p Code) Telep	none Number (Inclu	uding Area Code)	·
(if different from Executive Offices)	`	et, City, State, Zi	p Code) Telep	none Number (Inclu	pROCE	SSE
(if different from Executive Offices) Brief Description of Business Internet investment venture for	`	et, City, State, Zi	p Code) Telep	none Number (Inclu	PROCE	
(if different from Executive Offices) Brief Description of Business Internet investment venture function Type of Business Organization	`			none Number (Inclu	PROCE JUN 2	5 2002
(if different from Executive Offices) Brief Description of Business Internet investment venture function Type of Business Organization	ınd	hip, already form	ned		PROCE Jun 2	5 2002 ISUN
(if different from Executive Offices) Brief Description of Business Internet investment venture for the second s	and	hip, already form	ned		PROCE JUN 2 e specify): THOM	5 2002 ISUN
(if different from Executive Offices) Brief Description of Business Internet investment venture for the second s	[] limited partners	hip, already form	ned d		PROCE JUN 2 e specify): THOM FINAN	5 2002 ISUN
(if different from Executive Offices) Brief Description of Business Internet investment venture for the second s	ind [] limited partners [] limited partners ation or Organization:	hip, already form hip, to be formed Mo [11] U.S. Postal Serv	ned d onth Year [01] vice abbreviation	[X] other (pleason) [X] Actual [for State:	PROCE JUN 2 e specify): THOM FINAN	5 2002 ISUN
(if different from Executive Offices) Brief Description of Business Internet investment venture for Type of Business Organization [] corporation [] business trust Actual or Estimated Date of Incorpor	[] limited partners [] limited partners ation or Organization: nization: (Enter two-letter CN for Canada; FN for	hip, already form hip, to be formed Mo [11] U.S. Postal Serv	ned d onth Year [01] vice abbreviation	[X] other (pleason) [X] Actual [for State:	PROCE JUN 2 e specify): THOM FINAN	5 2002 ISUN

(6/99)

1 of 8

unless the form displays a currently valid OMB control number.

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Appl	ly: [] Promoter [] Beneficial Owner	[] Executive Officer [Director [X] General and/or Managing Partner	
Full Name (Last name fi PLUTO VENTUR	rst, if individual) E CAPITAL FUND LLC			
	Address (Number and Street, City, State, Zi 8/20 North Quay, Douglas IM99			
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director [] General and/or Managing Partner	
		Manager of Ma	naging Member	
Full Name (Last name fi				
Business or Residence	Address (Number and Street, City, State, Zi	ip Code)		
Pierson House, 1	8/20 North Quay, Douglas IM99	1NR, Isle of Man		
Check Box(es) that App	oly: [] Promoter [] Beneficial Owne	r [] Executive Officer [] Director [] General and/or Managing Partner	
Full Name (Last name f	irst, if individual)			

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Bo	ox(es) tha	t Apply:	[] Pror	noter []	Beneficial	Owner	[] Exec	utive Officer	[]	Director	[]	General a		
Full Nam	e (Last na	ıme first, i	f individual)										
Business	or Reside	ence Addi	ess (Numb	per and St	treet, City, S	tate, Zip	Code)							
Check B	ox(es) tha	t Apply:	[] Pror	noter [] Beneficial	Owner	[] Exec	utive Officer	[]	Director	[]	General Managin	and/or g Partner	
Full Nam	ne (Last na	ame first,	f individua	l)										
Business	s or Resid	ence Add	ress (Numi	per and S	treet, City, S	tate, Zip	Code)							
Check B	ox(es) tha	it Apply:	[] Pro	moter [] Beneficial	l Owner	[] Exec	cutive Officer	.[]	Director	[]		and/or g Partner	
Full Nam	ne (Last na	ame first,	if individua	1)										
Busines	s or Resid	ence Add	ress (Num	ber and S	treet, City, S	State, Zip	Code)							
Check B	iox(es) tha	at Apply:	[] Pro	moter [] Beneficia	l Owner	[] Exec	cutive Officer	[]	Director	[]		and/or ig Partner	
Full Nan	ne (Last n	ame first,	if individua	il)										
Busines	s or Resid	ence Add	ress (Num	ber and S	treet, City, S	State, Zip	o Code)	<u> </u>			· · · · · ·			· · · · · · · · · · · · · · · · · · ·
			(Use	blank sh	eet, or copy	y and us	se addition	al copies of	this s	heet, as r	ece	ssary.)		
					В.	INFORM	IATION AB	OUT OFFER	RING					
1. Has t	he issuer	sold, or de	oes the iss	uer intend	I to sell, to n	on-accre	edited inves	tors in this of	fering'	?			Yes No	
				Answer a	ilso in Apper	ndix, Col	lumn 2, if fil	ing under UL	OE.				[] [X]	
2. What	is the mir	nimum inv	estment th	at will be a	accepted fro	m any ir	ndividuaļ?						\$1,000,000	
3. Does	the offeri	ng permit	joint owne	rship of a	single unit?.								Yes No [X] []	
commis person states, l	sion or sir to be liste list the nar or dealer,	nilar remund is an as me of the you may s	neration for sociated per broker or diset forth the	or solicitations or a lealer. If me informat	ion of purcha gent of a bro nore than fiv ion for that b	asers in oker or o e (5) per oroker or	connection lealer regist rsons to be dealer only	d or given, di with sales of ered with the listed are as:	secur SEC sociate	ities in the and/or wit ed persons	offe h a s	ering. If a state or		
Full Nar NON	•	name first,	if individua	ŕ										
Busines	ss or Resi	dence Ado			Street, City,			William Co.						
Name o	of Associa	ted Broke	r or Dealer											
			ted Has So		Intends to S	Salicit Pu	rchasers			١	1,	All States		
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	. [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[TU]	[\T]	[VA]	[WA]	[WV]	[WI]		[WY]	[PR]	
Full Na	me (Last	name first	, if individu	al)										

Business or Residence Address (Number and Street, City, State, Zip Code)

Name o	of Associat	led Broker	r or Dealer	· 										
						Solicit Pur	chasers			Ţ] All Stat	es		
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]		[MO]	
 [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]		[PA]	
(RI)	[SC]	[IN] [IA] [KS] [KY] [LA] [ME] [MD] [M [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [NI [SC] [SD] [TN] [TX] [UT] [VT] [VA] [W e (Last name first, if individual)			[WA]	[WV]	[WI]	[WY		[PR]				
Full Na	me (Last r	name first,	, if individu	al)	***************************************									
Busine	ss or Resi	dence Ado	dress (Nur	mber and	Street, City	, State, Zi	p Code)							
Name	of Associa	ted Broke	r or Deale	r										
						Solicit Pu	rchasers				1.411.0			
(Check	"All States	" or check		ĺ						l] All Stat	es		
[AL]		[AZ]						[DC]	[FL]	[GA]	[HI]		[ID]	
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-			(Use blank	sheet, or	copy and ι	use additio	nal copies	of this shee	et, as nec	essary.)			
			C. OF	FERING P	RICE, NU	MBER OF	INVESTO	RS, EXPE	NSES AND	USE OF	PROCE	EDS		
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Ε	quity		•••••							\$	0	\$	0	
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	•					•••••				\$	0	\$	0	
C										\$28,100 \$28,100			100,000 100,000	
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this of indica	fering and te the num	the aggre	egate dolla rsons who	r amounts have pure	of their pu chased sec	irchases. F curities and	or offering the aggre	s under <u>Ru</u>	ıle 504,	Number Investor		Dolla	regate ar Amount urchases	
4	Accredited	Investors								14	~		100,000	
										0		\$	0	
												\$		
		-					nder ULOE	. .						
secur prior t	ities sold b	y the issu	er, to date	, in offerin	gs of the t	ypes indica	ated, the tw	equested fovelve (12) rested in Part	nonths			N/	A	
	Type of off	ering								Type of	Security	Doll Solo	ar Amount i	

Rule 505			•	•		
				S		
Regulation A			\$			
Rule 504						
Total			\$	<u> </u>		
. Furnish a statement of all expenses in connection with the issurities in this offering. Exclude amounts relating solely to organ information may be given as subject to future contingencies. If known, furnish an estimate and check the box to the left of the	ization expenses of the issuer the amount of an expenditure					
Transfer Agent's Fees				[]\$0		
Printing and Engraving Costs				[]\$0		
Legal Fees				[] \$25	000	
Accounting Fees				[]\$0	,,,,,	
Engineering Fees				[]\$0		
Sales Commissions (specify finders' fees separately)				[]\$0		
Other Expenses (identify)				[]\$0		
Total				[]\$25	5,000	
enses furnished in response to Part C - Question 4.a. This differer." Idicate below the amount of the adjusted gross proceeds to the each of the purposes shown. If the amount for any purpose is reck the box to the left of the estimate. The total of the payments	e issuer used or proposed to b not known, furnish an estimate listed must equal the adjuste	be used e and		ΨZC	3,075,000	
ceeds to the issuer set forth in response to Part C - Question 4	.b above.	_				
		Paym Office	ents to			
				Payr	nents To	
		Affilia	tors, & tes	Othe		
Salaries and fees						
Salaries and fees Purchase of real estate		Affilia	tes	Othe	rs	
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Purchase, rental or leasing and installation of machinery and equipment	FEDERAL SIGNATURE signed duly authorized person E U.S. Securities and Exchang pursuant to paragraph (b)(2)	Affilia []\$ []\$ []\$ []\$ []\$ []\$ []\$28 []\$28 []\$28 []\$28	tes 0 0 0 0 0 0 0 0 3,075,00 0 []\$22	Othe []\$ []\$ []\$ []\$ []\$ 0 []\$2: []\$ 0 []\$ 3,075.0 der Ru rritten r	o 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No	
See Appendix, Column 5, for state response.	[] [X]	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

Pluto Venture Capital Fund LLC

Name of Signer (Print or Type)

Julian Trinder

Signature

Title (Print or Type)

Manager of Managing Member

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1		2	3		4	5			
	to non-a investor	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	an	Disqualificatio under State UL (if yes, attach State explanation o waiver granted (Part E-Item 1				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL	1	1	<u> </u>		<u> </u>	<u>!</u>	1	<u> </u>	
AK AZ	!		<u> </u>		<u> </u>	1			
AR		:							
CA			LLC Interest \$6,375,000	2	\$6,375,000	0	0		X
СО			LLC Interest \$1,825,000	1	\$1,825,000	0	0		X
СТ			LLC Interest \$980,000	1	\$980,000	0	0		X
DE		<u> </u>		!		!			
DC	-	1	LICI	i 	1				
FL			LLC Interest \$440,000	2	\$440,000	0	0		X
GA		1							
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MO	1	1							<u> </u>

				A	PPENDIX				
1	2		3	· · · · · · · · · · · · · · · · · · ·	5				
	Intend to no accre investo Sta (Part B-	on- dited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1	an	Type of inve nount purchas (Part C-Ite	Disqua under Si (if yes explar waiver (Part E	ate U , atta- nation grant	LOE ch of ed)	
Stata	Voc	No		Number of Accredited		Number of Non-Accredited	Amount	V-0-0	Na
State NV	Yes	No	<u> </u>	Investors	Amount	Investors	Amount	res	No
NH			1						
NJ			<u> </u>				-	!	
NM	-				<u> </u>				
NY			LLC Interest \$16,786,000		\$16,786,000	0	0		X
NC									
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ОН	!		<u></u>	· ·	·			<u> </u>	
OK	· 	 	-						
OR			LLC Interest \$310,000	1	\$310,000	0	0		Х
PA			<u> </u>	1				<u> </u>	
RI				<u> </u>				<u> </u>	<u> </u>
SC	<u>-</u>	<u> </u>		·				 	
SD TN			LLC Interest \$475,000	1	\$475,000	0	0		X
TX	1		1 4775,000		. par a remain		2 11 200 12 12 12 12 12	·	<u> </u>
UT						·		 	
VT									
VA			LLC Interest \$909,000	1	\$909,000	0	0		X
WA			,			-			
WV		1		<u> </u>				+	
WI	1			 				†	1
WY									
PR									